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ABSTRACT

This monograph provides information on identifying children and youth who could benefit from social skills instruction, highlights strategies for teaching social skills, and presents ideas for reinforcing social competence. After a chapter that introduces the issues, Chapter 2, "Social Competence," defines social competence and discusses elements of social behavior, including the development of social competence; the influence of emotional intelligence; social competence in children and youth with emotional and behavioral disorders; and risk factors that help to explain the development of antisocial behavior. Chapter 3, "Assessment of Social Competence," explores the purpose for student assessment in the areas of social competence, assessment techniques and strategies (teacher rankings and sociometric methods, ratings by others and self-ratings, behavioral interviews, and direct observation), and multimethod assessment procedures (multiple rating and functional assessment). Chapter 4, "Effective Interventions," provides descriptions of social skills interventions that have proven effective in teaching social competence, including structured learning, pre-social skills instruction, high probability requests, and cognitive restructuring and emotional intelligence. A description of the steps and sample activities that could be used in anger management instruction is provided. Supporting social competence through social and token reinforcement and the effects of intervention on social competence is also discussed. (Contains 74 references.) (CR)

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ED 412 675

# Developing Social Competence

## in Children & Youth with Challenging Behaviors

Kristine J. Mellor, Carol A. Davis
Joseph H. Wehby, Frances R. Murry
& Jennifer J. Gerber

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From the Second CCBD Mini-Library Series: Successful Interventions for the 21st Century

# Developing Social Competence

## Among Children and Youth with Challenging Behaviors

Lyndal M. Bullock & Robert A. Gable, *Series Editors*

The Council for Children with Behavioral Disorders, *Publisher*

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## About the Council for Children with Behavioral Disorders

Council for Children with Behavioral Disorders

CCBD is an international professional organization committed to promoting and facilitating the education and general welfare of children and youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

## Author Note

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## About This Monograph

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# Foreword

This is the second mini-library series that addresses the needs of students identified as "seriously emotionally disturbed" or "emotionally/behaviorally disordered." As with the first series, the content stems from selected presentations at an international conference sponsored by the Council for Children with Behavioral Disorders (CCBD). These monographs are also a response to the reality that the number of children and youth who evidence challenging behavior is growing. These students manifest a range of social, academic, and behavior problems that test the skills of even the most capable classroom teachers. Educators and other professionals are struggling to find ways to deal successfully with the mounting challenges these students present.

Fortunately, as the number of problems increases, so too does the body of accumulated literature on practices of proven effectiveness for students with emotional/behavioral disorders (EBD). Drawing upon the expertise of CCBD members, we have assembled a seven-volume series of monographs that delve into some of the specific areas and programs for students with EBD and the education professionals who work with them:

- *Alternative Programs for Students with Social, Emotional, or Behavioral Problems*
  Mary Magee Quinn and Robert B. Rutherford, Jr.
- *Curriculum and Instruction Practices for Students with Emotional/Behavioral Disorders*
  Rex E. Schmid and William Evans, Editors

- *Developing Personal and Interpersonal Responsibility in Children and Youth with Emotional / Behavioral Disorders*
  Sylvia Rockwell, Santa Cuccio, Beth Kirtley, and Gwen Smith
- *Developing Social Competence in Children and Youth with Challenging Behaviors*
  Kristine J. Melloy, Carol A. Davis, Joseph H. Wehby, Francie R. Murry, and Jennifer Leiber
- *Enhancing Self-Respect: A Challenge for Teachers of Students with Emotional / Behavioral Disorders*
  Ann Fitzsimons-Lovett
- *Individual and Systemic Approaches to Collaboration and Consultation on Behalf of Students with Emotional / Behavioral Disorders*
  Robert A. Gable, George Sugai, Tim Lewis, J. Ron Nelson, Douglas Cheney, Stephen P. Safran, and Joan S. Safran
- *Teaching Children and Youth Self-Control: Applications of Perceptual Control Theory*
  John W. Maag

In these seven monographs, we have attempted to bring together information that addresses the needs of general and special educators, administrators, and other professionals who face the myriad challenges of children and youth at risk for or with EBD. We are grateful for the contributions of the monograph authors and hopeful that their efforts will prove useful to you in your work on behalf of students with EBD.

*Lyndal M. Bullock*
*University of North Texas*

*Robert A. Gable*
*Old Dominion University*

*Series Editors*

# 1

# Introduction

Like all youngsters, children and youth identified as having emotional/behavioral disorders (EBD) possess individual and unique behavioral strengths and needs. However, given the range of challenging behaviors exhibited by students with EBD, adults and peers often focus on these students' needs related to academic and social behaviors rather than on their strengths. Individual education plans (IEPs) frequently define these needs as deficits in social skills.

Children and youth who experience deficits in social skills usually demonstrate a lack of social competence, which can result in lifelong problems associated with employment, mental and physical health, relationships, and overall quality of life. Fortunately, there is a growing number of proven interventions that involve teaching social skills and that can assist children and youth with EBD in developing social competence.

The purpose of this monograph is to provide information on identifying children and youth who could benefit from social skills instruction, to highlight strategies for teaching social skills, and to present ideas for reinforcing social competence. Teaching and reinforcing new behaviors will result in children and youth who demonstrate socially

competent behavior, therefore ensuring a better life for themselves and those with whom they live and work. We hope that this information will be helpful to educators, students, parents and others who are interested in promoting social competence among children and youth classified as EBD.

# Social Competence 2

## Definition

The following definition of social competence (Gresham, 1986a) is perhaps the most widely accepted because it takes into account the importance of social validation and generally accepted elements of the definition of social skills (Sugai & Lewis, 1996).

> Social competence is an evaluative term based on judgments (given certain criteria) that a person has performed a task adequately. These judgments may be based on opinions of significant others (e.g., parents, teachers), comparisons to explicit criteria (e.g., number of social tasks correctly performed in relation to some criterion), or comparisons to some normative sample. (Gresham, 1986a, p. 146)

To expand on this definition, research has shown that social competence relies on a set of social behaviors defined as individual, discrete, observable acts that make up a social skill (Rutherford, Chipman, DiGangi, & Anderson, 1992). *Social skills* then are defined as a set of behaviors that result in a predictable social outcome (e.g., play a game, engage in a conversation; Elliot & Gresham, 1993; Rutherford et al., 1992). According to Elliot and Gresham (1993), social skills fall into five major response classes of behavior: cooperation, assertion, responsibility, empathy, and self-control. Goldstein and others also grouped social skills into response classes or behavioral components such as beginning social skills, advanced social skills, skills for dealing with feelings, skill alternatives to aggression, skills

for dealing with stress, and planning skills (Goldstein, Sprafkin, Gershaw, & Klein, 1980).

Children and youth are generally expected to demonstrate social competence related to response classes of behaviors in school settings. Social competence stems from skills judged to be socially important and socially significant according to adults and peers in the schools. Children and youth are also expected to demonstrate socially competent behavior in many settings outside of school (e.g., home, community). Sometimes the behavioral expectations outside of school conflict with school expectations. When this happens, children and youth with EBD often find it difficult to discriminate and modify their behavior to fit the demands of a specific setting.

## Elements

Teachers and others who work with students with EBD need to have a clear understanding of the elements of social behavior in order to determine appropriate social skills instruction (Dowd & Tierney, 1992; Johnson, Melloy, Hoyle, & Agelson, 1996). There are at least three important elements:

1. Social behavior is the functional relationship between a person's behavior and the environment. Using the information from a functional assessment (which will be described later in this monograph), education professionals can identify the likely function of a student's inappropriate behavior and use this knowledge to assist in social skills instruction. For example, if a child physically attacks other children in order to assert power and control, he can be taught alternative behaviors such as negotiating (McGinnis & Goldstein, 1984), which would provide him with control over a situation without resorting to physical aggression.
2. Social behavior includes the antecedents — the events that occur before a behavior — and consequences — the outcomes that result after the behavior has been demonstrated. Antecedents act as cues for behavior, and consequences maintain the behavior. Functional assessment assists in analyzing the antecedent-

behavior-consequence chain. Antecedents can often be changed or maintained depending on the desired behavior.

For example, an antecedent for following directions in a classroom is often a teacher giving a direction. The expected or desired behavior is that the student will follow the direction. To maintain "following direction behavior," the teacher can recognize this behavior with some form of positive reinforcement (e.g., teacher praise, attention). If a student demonstrates a behavior other than following directions when a direction is given, it may be necessary to teach the social skill for following directions. Reinforcing that behavior should then result in more directions followed by the student or students who formerly demonstrated a social skills deficit in "following directions."

3. Social skills are the discrete, observable, and measurable social behaviors comprising that skill. Social competence is the ability to demonstrate these sets of social behaviors in the context where they are expected to be performed (Neel, Meadows, & Scott, 1990). For example, the social behaviors that comprise the social skill for negotiating consists of six steps.

   - Calmly explain your viewpoint to the other person.
   - Listen to the other person's ideas.
   - Offer an alternative or compromise that is mutually beneficial.
   - Give rationales for opinions.
   - Together choose the best alternative.
   - Thank the person for listening. (Dowd & Tierney, 1992, p. 195)

## Development

### Reinforcement Paradigm

In considering the needs of students with EBD, the question often arises, "How does a student develop social competence?" Development in this area depends on exposure to models of socially

appropriate behavior from numerous people in a variety of settings and situations. What constitutes socially appropriate behavior depends on the judgment of others; therefore, it can be confusing to some students to determine which behaviors match the situation, setting, and persons. For example, a group of adolescents hanging out after school generally talk to each other using informal language and might engage in physical behavior such as leaning against a locker, sitting on the floor, or playing with a hockey sac. In the classroom, the same group of adolescents are expected to engage in quite different behavior such as sitting in a seat, raising a hand to speak, and waiting until called upon to respond. Those students who are able to adjust their behavior to match the social situation are considered to be socially competent.

Social competence is developed by attending to the behavioral cues present in a particular environment and by demonstrating behavior that results in desired outcomes. If, for example, Latisha wishes to have a peer help her with a writing assignment, she will need the social skill, "asking for help." As delineated by McGinnis and Goldstein (1984), this social skill requires a person to engage in four social behaviors:

1. Ask yourself, "Can I do this alone?"
2. If not, think about asking someone who could help you.
3. Wait for a good time to ask the person.
4. Ask the person in a friendly way.

Using this social skill resulted in Latisha getting the help she needed from a peer. Because she was reinforced for using the social skill appropriate to the situation, it is more likely that she will continue to demonstrate socially competent behaviors related to requests for help. In other words, a child or youth who demonstrates socially competent behavior is more likely to experience desired outcomes (e.g., acceptance by others, better academic achievement, and increased self-confidence).

## Influence of Emotional Intelligence

The study of social competence has focused on behavioral skills, while concomitantly examining the social cognitive processes that precede behavior. Recently, there has been a growing interest in the emotional functioning of children, specifically their seeming inability to identify and regulate their own emotions, as well as think about and react effectively to the emotions displayed by others.

*Emotional intelligence* has been described as self-awareness, mood management, self-motivation, empathy, and managing relationships. Ideas presented by Goleman (1995) raise questions about long-held beliefs that emotions are inherently ingrained and, therefore, cannot be altered through instruction. Caution is necessary, however, for education professionals who plan to integrate this information into a curriculum designed to teach social competence. The notion that emotional intelligence can be taught to children and youth with EBD may not be as simple as it sounds. It will take more than a basic understanding of the brain's functional systems to develop an effective curriculum. Goleman (1995) suggests that emotional intelligence is not static. Instruction in both physiological knowledge (e.g., basic understanding of brain functioning) and cognitive restructuring strategies can create changes in communication between brain systems and in a person's ability to appraise and react to a social situation. Two resources for curricular information on developing emotional intelligence are the *Self Science Curriculum* (Karen Stone McCown, Director Neuva Learning Center, San Francisco, CA) and the Yale Child Study Center (CASEL, P.O. Box 207900, 230 South Frontage Road, New Haven, CT 06520-7900).

In the area of emotional development, research thus far has focused on the connection between interpersonal situations and emotions evoked by those situations (Stein & Jewett, 1986; Stein & Levine, 1987). Investigators have consistently found that children conceptualize emotions as the outcome of particular relationships between desires or goals and reality. Several authors have extended those findings by proposing that children go beyond associating simple emotions as *outcome dependent* (Graham & Weiner, 1986; Thomp-

son, 1989; Weiner, Graham, Stern, & Lawson, 1982). For example, "outcome dependent" might mean that an individual feels happy because a significant other displays pleasure toward him as a result of his behavior. With experience and age, children and youth conceptualize emotions as *attribution dependent*. For example, an individual may feel pride as a result of her behavior as well as happiness regarding others' positive reaction to her behavior.

Given this perspective on emotion, it becomes even more important that education professionals develop the ability to teach children and youth to appraise interpersonal situations correctly. Students need to know that, depending on circumstances, (a) different situations can elicit the same emotion, (b) an individual may have a different emotional response to the same situation, or (c) an individual may have another emotional response to a similar situation occurring at a different time. Therefore, not only must students be able to associate facial and body language with an accurate estimation of emotion, but they must also be able to put it in the context of the current situation.

Gnepp (1989) emphasizes that part of acquiring social status necessitates that children understand that not everyone has the same emotional reactions to situations and that the use of personalized information is important when inferring emotional reactions in others. Dodge, Murphy, and Buchsbaum (1984) found that children identified by others as having higher social status or as "popular" were better able to identify their peers' social intentions. This ability to determine the frame of reference for an interpersonal situation allows an individual to successfully join groups, engage or initiate conversations, and identify and regulate her or his own emotions.

## Social Competence in Children and Youth With EBD

Children and youth with EBD commonly engage in behavior that is not considered socially competent. In fact, most definitions of EBD include characteristics descriptive of poor interpersonal relationships, weaknesses in interaction and communication skills, poor work hab-

its, low self-esteem, and other correlates of maladaptive social behavior (e.g., Bower, 1960; Coleman, 1996; Kauffman, 1993; Rosenberg, Wilson, Maheady, & Sindelar, 1997; Education of All Handicapped Children Act, 1975). Current research suggests a number of factors that may act as barriers to developing social competence.

*Risk factors.* Walker and others have provided a wealth of information that helps to explain the development of antisocial behavior (Walker, Colvin, & Ramsey, 1995; Walker et al., 1996). According to these authors, children and youth exposed to certain risk factors are more likely to develop antisocial behavior than children and youth who do not experience these factors. Risk factors include poverty, abuse, neglect, family conflict, weak or incompetent parenting, drug and alcohol involvement, chaotic or unpredictable family situations, poor educational programming, and insensitive school personnel (Benson, 1993; Coleman, 1996; Kauffman, 1993; Walker et al., 1996). The American Psychological Association (1993) describes four factors that act as accelerators for violence and criminal behavior among youth. These factors include early involvement with alcohol and drugs; easy access to weapons, particularly handguns; association with antisocial groups; and pervasive exposure to violent acts in the media. In contrast to risk behaviors, researchers associated with the Search Institute (e.g., Benson, 1993) have identified qualities that contribute to student social competence. These include

- Parental monitoring.
- Structured time use.
- Educational commitment.
- Positive values

Children and youth who demonstrate more asset behaviors than at-risk behaviors will experience higher levels of social competence and overall positive development. Consequently, those children and youth exposed to greater numbers of at-risk indicators could realize less healthy development resulting in antisocial behavior and problems with mental health and other health-compromising, future-jeopardizing factors.

*Cognitive distortions.* Research on emotional intelligence provides another possible explanation for why some children and youth may not exhibit behaviors consistent with social competence (Cowen, 1997; Goleman, 1995; Walker et al., 1995). Cognitive distortions including *misleading beliefs* that stem from dysfunctional schemes established during a difficult or traumatic childhood can result in a misreading of current events — even a false sense of paranoia (e.g., believing one is a target of ridicule even when reality proves otherwise). Similarly, many children and youth with EBD believe that the way they behave "ain't broke so don't fix it." That is, they operate under the perception that how they behave is good enough even when presented with strategies that may be more effective.

Another cognitive factor is the perceived threat to a person's *comfort zone*. To become emotionally intelligent, individuals must examine and explore sensitive issues. This self-reflection process can leave them feeling quite vulnerable and cause them to retreat to their comfort zone — believing that the gains may not be worth the risk. Yet another factor, termed *external blame*, relates to the perception that others control social situations and that a person's behavior will not have a direct effect on outcomes. This perception can sometimes create a sense of helplessness. Finally, those children and youth with EBD who express themselves through *violent* acts derive power from imposing themselves on others, which inhibits the further development of emotionally intelligent coping strategies.

In all, a number of factors — singly or in combination — serve to blunt the normal development of social competence in students with EBD.

# Assessment of Social Competence

# 3

According to Sugai and Lewis (1996), there are four purposes for student assessment in the area of social competence:

1. To determine general social competence of individuals or groups of students.
2. To collect information about social skills problems.
3. To assist in the selection of curriculum and instructional delivery design.
4. To monitor progress of children and youth in social skills instruction.

Generally, a student who demonstrates social skill strength in a variety of social situations is considered to be socially competent. However, many students demonstrate problems in social competence related to either *skills deficits* (i.e., have not acquired the skill) or *performance deficits* (i.e., have acquired the skill but do not use the skill when appropriate). Assessment strategies allow teachers and other professionals to identify a student's various social skills strengths and deficits.

Several authors offer in-depth information about social skill assessment (e.g., Elksnin & Elksnin, 1995; Elliott & Gresham, 1993; Walker

et al., 1995; Zirpoli & Melloy, 1997). In this chapter, we will provide a brief overview of direct and indirect assessment techniques, strategies, and instruments that are proving helpful in determining social competence and deficits.

## Assessment Techniques and Strategies

### Teacher Rankings and Sociometric Methods

The techniques and strategies available for screening social competence in children and youth include teacher rankings and sociometric methods. Teacher rankings require the teacher to rank-order students in the class according to specified criteria related to behaviors associated with social competence. For example, the criteria may indicate "level of popularity" or "acceptance among peers" of a particular student or group of students. Data from teacher rankings may be useful in making decisions regarding which students might benefit from direct instruction in social skills. Because teacher rankings are designed to provide only a thumbnail sketch of classroom behaviors, rankings would not be used in making decisions about specific skills to be taught.

Sociometric methods also assist education professionals in gathering data to determine overall ranking and acceptance among peers. There are two sociometric techniques commonly used for this purpose: *Peer nominations* require students to nominate classmates who meet certain criteria about whom they would or would not like to engage in an activity with (e.g., work with, play with). *Peer ratings*, on the other hand, require students to rate each of their classmates along a continuum of attraction-rejection (e.g., play with, work with, do not know; Zirpoli & Melloy, 1997).

Teacher rankings and sociometric techniques can provide valuable screening information about a group of students and their possible eligibility for social skills instruction. Indirect and direct assessment strategies, on the other hand, provide information about specific skills strengths and deficits.

## Ratings by Others and Self-Ratings

*Ratings by others* offer the advantage of being able to tap a variety of people who know the child and who can provide information regarding social competence. The rater is generally given a list of behaviors and asked to make a qualitative judgment regarding how much the behavior is demonstrated by the target child. These ratings are useful for identifying social skills deficits and strengths in children and youth and can usually be completed in 10 to 15 minutes. Although some ratings are designed to be scored and interpreted by the person completing them, it is more typically a school psychologist or other person trained in assessment who scores and interprets these instruments.

Ratings by others have been developed to assess behavior globally and social skills specifically of children and youth, preschool through high school ages. The Walker-McConnell Scale of Social Competence and School Adjustment (Walker & McConnell, 1995a, 1995b) is an example of a rating-by-others scale that has both an elementary and adolescent version available. In the elementary version, a 43-item rating scale results in scores for three subscales: teacher-preferred social behavior, peer-preferred social behavior, and school adjustment (Elksnin & Elksnin, 1995; Zirpoli & Melloy, 1997). The adolescent version is a 53-item rating scale that provides scores for four subscales: self-control, peer relations, school adjustment, and empathy (Elksnin & Elksnin, 1995). Another instrument, the Social Skills Rating System (SSRS, Gresham & Elliott, 1990), is designed to measure the frequency of occurrence of a social skill and its perceived importance (Walker et al., 1995). The SSRS is available to assess the social skills of preschool, elementary, and secondary students and is typically completed by either teachers or parents or both.

Various forms of students' *self-ratings* are also available. However, scant empirical data exist to support their use mainly because of the subjective nature of these instruments (Sugai & Lewis, 1996). Their primary use, therefore, is generally in gathering data on an individual student's global self-perception of his or her social competence (Zirpoli & Melloy, 1997). Several authors have produced self-

rating instruments such as the Student Self Rating, Elementary (McGinnis & Goldstein, 1984) and the Student Self Rating, Adolescent (Goldstein, Sprafkin, Gershaw, & Klein, 1980). Each of these instruments require the target students to read a one-line description of a social behavior and then rate themselves on specific social skills and on how much the behavioral description matches their behavior. Most self-ratings take about 15 minutes to complete and may be administered, scored, and interpreted by a teacher or other school personnel.

## Behavioral Interviews

Behavioral interviews, another assessment option, are most useful for defining social behaviors, identifying contexts where the behavior may occur, and developing direct observation systems based on interview data (Sugai & Lewis, 1996). Interviews with parents, teachers, and students can yield useful information related to a child's social competence. Behavioral interviews usually consist of descriptive behavioral accounts of social situations. Interviewees are asked to give a written or verbal response that demonstrates how they or the target child might behave in the situation. School psychologists and social workers are likely persons to administer and analyze interview data. Interviews can last a few minutes or much longer depending on the situation. Sugai and Lewis (1996) have suggested that, although behavioral interview data are useful for evaluating constructs such as those described previously, their utility for assessing social competence has not been demonstrated.

## Direct Observation

Many authorities argue that direct observation of student behavior is the most valid way to assess social competence (Asher & Hymel, 1981). Direct observation methods require observation of the target child in the environment where problematic behavior occurs. Repeated observation of student behavior allows education professionals to target social behaviors for intervention and to measure intervention outcomes (McMahon, Wacker, Sasso, & Melloy, 1994).

The strategy for completing behavioral observation involves four steps:

1. Define the target behavior(s).
2. Select and carry out a data-recording system.
3. Convert the raw data.
4. Graph and analyze data.

The recording system chosen should reflect the dimensions of behavior (e.g., frequency, duration, intensity) that are of interest to the observer and are appropriate for the situation. The usefulness of observation data can be maximized by ensuring that the data are appropriate and reliable. It is suggested that at least three to five baseline observations, at least 15 minutes in duration, be completed prior to implementing social skills intervention to ensure accurate portrayal of behavior.

Also, observers should plan to conduct reliability checks for at least 15% of the baseline and intervention observations. Reliability rates of 80% or higher usually offer assurance that the observation data accurately reflect the child's behavior. Data should be collected concurrently for both the target child and his or her peer(s). This multiple concurrent observation provides data with which to socially validate the behavioral expectations for the target child in a given situation. Detailed descriptions for developing observation systems are offered in Alberto and Troutman (1995) and Zirpoli and Melloy (1997).

An example of a simple behavior-recording system for collecting data on the frequency and qualitative nature of "participation in class" behavior is provided in Figure 1. The target child, Meredith, was taught this social skill as an alternative to aggressive behavior. According to the raw data for the first 5 minutes of a 15-minute baseline observation session shown in Figure 1, Meredith demonstrated "participation in class" behavior in 46% of the intervals. By comparison, her peer demonstrated 93% "participation" behavior.

## Multimethod Assessment Procedures

### Multiple Gating

*Multiple gating* is a procedure that integrates the use of teacher rankings, ratings by others, and direct observation of behavior. This multimethod procedure has been useful in identifying behavioral strengths and weaknesses in children and youth. The SSBD (Walker & Severson, 1990) is an example of a comprehensive screening instrument that utilizes the multiple-gating procedure to identify children with EBD.

### Functional Assessment

Functional assessments were pioneered by O'Neill, Horner, Albin, Storey, and Sprague (1990) and continue to be expanded upon. While the earlier literature using functional assessments focused on individuals with developmental disabilities who engage in problem behavior, researchers have recently expanded the use of this

***Figure 1. Example of Behavior Observation Recording System.***

*Target Child:* Meredith *Observer:* J. Heissel

*Date:* 10/23/96 *Time of Observation:* 2:00-2:15 p.m.

*Setting:* Algebra class (resource room; 5 peers)

*Target behavior and definition:* The student will demonstrate an alternative to aggressive behavior when she participates during class. This behavior will be demonstrated when the student demonstrates one or more of the following behaviors: raises her hand to answer a question (rather than blurting out the answer), asks questions to find out more (rather than shouting profanity at the teacher and/or peers), and takes her turn in completing a problem using manipulatives, at the board, etc. (rather than throwing materials).

**Figure 1, Continued**

*Behavior Codes:*
RH = Raise hand AQ = Ask question TT = Take turn

| *Interval (seconds)* | ***Target Child*** | | | *Interval (seconds)* | ***Peer*** | | |
|---|---|---|---|---|---|---|---|
| 10 | (RH) | AQ | TT | 20 | RH | (AQ) | TT |
| 30 | RH | AQ | TT | 40 | (RH) | AQ | (TT) |
| 50 | (RH) | AQ | (TT) | 60 | RH | (AQ) | TT |
| **1 minute** | | | | | | | |
| 10 | RH | AQ | TT | 20 | (RH) | AQ | TT |
| 30 | RH | AQ | TT | 40 | RH | (AQ) | TT |
| 50 | RH | AQ | (TT) | 60 | RH | AQ | TT |
| **2 minutes** | | | | | | | |
| 10 | RH | AQ | TT | 20 | (RH) | AQ | TT |
| 30 | RH | (AQ) | TT | 40 | RH | AQ | (TT) |
| 50 | RH | AQ | TT | 60 | (RH) | (AQ) | TT |
| **3 minutes** | | | | | | | |
| 10 | RH | AQ | (TT) | 20 | RH | AQ | (TT) |
| 30 | RH | AQ | TT | 40 | (RH) | AQ | TT |
| 50 | RH | (AQ) | TT | 60 | RH | (AQ) | TT |
| **4 minutes** | | | | | | | |
| 10 | RH | AQ | TT | 20 | RH | (AQ) | TT |
| 30 | RH | AQ | TT | 40 | (RH) | AQ | TT |
| 50 | (RH) | AQ | TT | 60 | (RH) | AQ | TT |
| **5 minutes** | | | | | | | |

multimethod assessment tool to include students with EBD (Dunlap et al., 1993; Gunter, Jack, Shores, Carrell, & Flowers, 1993; Kern, Childs, Dunlap, Clarke, & Falk, 1994; Lewis & Sugai, 1995; Wehby, Symons, & Shores, 1995). Functional assessment is used to assess the purpose (or function) of a specific behavior by attempting to isolate associations between environmental variables and specific behavior problems. It is analogous to the multiple-gating procedure in that both are multimethod screening tools. Functional assessments, however, are designed to identify the function of a specific behavior (Wehby, Symons, & Hollo, 1997).

The functional assessment protocol developed by O'Neill et al. (1990) consists of first obtaining informal narrative information from multiple informants (e.g., parents, teachers, peers, and self-report information) regarding the occurrence and nonoccurrence of specific problem behaviors. This information is used to limit the numerous variables (e.g., time of day, specific activities, certain adults or peers) that may be associated with the problem behavior and to generate hypotheses regarding the purpose of the behavior.

Next, various methods of observational strategies are implemented to document the relationship between environmental variables by recording specific information on the various antecedents and consequences associated with the occurrence of problem behavior. These methods represent a more direct approach for determining why challenging behavior occurs.

There are several ways these data can be collected. The first, and possibly least intrusive, involves the simple descriptive listing of antecedents, behaviors, and consequences used by Bijou, Peterson, and Ault (1968) in their A-B-C analysis. Another tool, the Functional Assessment Direct Observation Form developed by O'Neill and his colleagues (1990), is a grid in which antecedent behavior and consequence events are documented, along with environmental variables such as type of activity, number of persons in the room, proximity of classroom teacher to the student being observed, as well as other classroom variables.

Both the A-B-C analysis and the Direct Observation Form are examples of paper-and-pencil data-collection procedures. Recently, computer-based programs have been developed that allow for the simultaneous collection of all interactions between the target student, peers, and/or adults in the environment. Although less "user friendly," the computer-based programs do have the advantage of built-in analysis procedures which may allow for quicker interpretation of observational data about the relationship between the occurrence (and nonoccurrence) of problem behavior and environmental variables within school settings.

Regardless of which collection method is used, observation data can then be used to develop a testable hypothesis regarding the function of the target behavior. Caution must be exercised, however, when looking at low-rate problem behaviors. In these cases, it may be difficult to obtain sufficient information to adequately analyze relationships between antecedents, consequences, and behavior. For example, it has been documented that actual acts of violent and aggressive behavior may occur at a relatively low rate (one per hour) even for students labeled as high aggressors (Shores et al., 1993; Wehby, Symons, & Shores, 1995).

Also, although observation data may suggest possible links between certain environmental variables and inappropriate student behavior, it is usually best to establish some certainty in the relationships before intervening. Accordingly, the final step in a typical functional assessment is the experimental testing of a hypothesis or a *functional analysis.* This is the process of manipulating identified variables to determine their effect on the target behavior.

As noted earlier, the bulk of these assessment procedures have been conducted with individuals with developmental disabilities (Carr & Durand, 1985). Although some procedures have also been validated in classroom settings with students with EBD (Dunlap et al., 1993; Gunter et al., 1993; Kern et al., 1994), much is still unknown regarding their use with this population of youngsters.

# Effective Interventions 4

## Promoting Social Competence

Teachers and other professionals who decide on educational programming for children and youth with EBD have a tendency to zero in on educational needs. In fact, school personnel are required to identify specific needs of students to determine their eligibility for special education services. Although needs identification is helpful when making decisions about interventions, it is best to also identify a student's academic and social/emotional *strengths*. The needs-based model developed by Cessna and Adams (1993) is an example of a program that incorporates the student's strengths in the intervention decision process.

Meadows, Melloy, and Yell (1996) describe various preventive management strategies that can be used to promote acceptable academic and social behavior in educational settings. They suggest that leadership by the teacher, clear communication of rules and expectations, student involvement, teacher "with-it-ness" (Kounin, 1970), instructional pace, smooth transitions, relevant independent work, and positive teacher-student relationships promote positive social behavior among students.

Children and youth who do not adequately respond to preventive management may need instruction in alternative behaviors and support for use of those behaviors. Walker and his colleagues suggest that "social skills training and intervention is one of the most poten-

tially effective tools available to educators for ensuring some degree of success for most students who experience adjustment problems as a part of schooling" (1995, p. 260). Best practice in social skills training depends on

- The use of interventions that incorporate proper identification of skills to be taught (i.e., target social skills).
- Selection of an approach to social skills instruction that meets the needs of the target students.
- Selection of a social skills curriculum that enhances social skills instruction.
- Inclusion of generalization training strategies.
- Ongoing evaluation of the effects of social skills training.

## Teaching Social Competence

Literature on interventions for teaching social competence indicates that students can benefit from direct instruction in social skills. And these skills can be taught in much the same way as academic skills are taught, including teaching groups of children such as whole classes (Walker et al., 1995), teaching individuals and small groups (McMahon, Wacker, Sasso, & Melloy, 1994; Sasso, Melloy, & Kavale, 1990), and using opportunistic teaching (also called "teachable moments"; Dowd & Tierney, 1992; Walker et al., 1995). The following paragraphs provide descriptions of social skills interventions that have proven effective in teaching social competence.

### Structured Learning

The structured-learning approach for teaching social skills is described by numerous authors and is considered to be one of the most effective intervention strategies for improving social competence among children and youth (e.g., Elliott & Gresham, 1993; Mathur & Rutherford, 1994; McMahon et al., 1994; Neel, Alexander, & Meadows, 1997; Sasso et al., 1990). Excellent social skills curricula using the structured learning approach are also available commercially (e.g., Dowd & Tierney, 1992; Goldstein, 1988; Goldstein et al., 1980; McGinnis & Goldstein, 1984, 1990; Rutherford et al., 1992; Walker et

al., 1983; Walker, Todis, Holmes, & Horton, 1988). Although different curricula vary in the number of social skill components, most structured learning curricula include *modeling, role-play* or *rehearsal, feedback*, and *generalization training*.

In formal social skills instruction, *modeling* is conducted during an initial lesson for a specific social skill. The skill is modeled by the teacher and another adult or competent peer in the group, while the rest of the group observes. Because the students observe a high-status model achieving a desired outcome as a result of socially competent behavior, it is hoped that modeling will encourage them to imitate the behavior when the appropriate situation arises.

Modeling is often followed by *role-plays* completed by the students receiving social skills instruction. Role-plays offer them opportunities to practice social behaviors in a setting relatively free from ridicule and failure. Students who are taught how to role-play can then develop their own scenarios depicting realistic situations. When students create their own role-plays, they are more likely to use the social skills they have practiced in real-life situations. Role-playing also helps students develop confidence in handling a variety of social situations because they have practiced and planned what to do. For each social skill taught, every student in the group should have the opportunity to be a "main actor" whereby he or she creates the role-play and portrays the main part (McGinnis & Goldstein, 1984).

*Performance feedback* is provided following the modeling of the social skill to all who participated in the role-play. The feedback from students and teachers gives the student "main actor" constructive criticism about his or her performance and should include suggestions for later use of the social skill. Because students with EBD often demonstrate deficits in giving and receiving criticism, these skills may be among the first that need to be targeted for instruction.

*Generalization training* is perhaps the most crucial component of an intervention program (Sugai & Lewis, 1996). When teaching social skills, education professionals should assist students in understanding the subtle social cues that serve as antecedents to people's be-

haviors. Being familiar with social cues will assist the student in knowing when to adjust his or her social behavior to the social context.

Recognizing social cues is integrated into teaching of social behaviors through the presentation of a variety of situations where the social skill may need to be performed. For example, a student may learn to recognize that his teacher is becoming irritated by "reading" her clenched fists and the reddening of her face. This skill is learned in conjunction with the identification of characteristics of the environment (e.g., do the circumstances lend themselves to the conclusion that the teacher is irritated or embarrassed?).

Unfortunately, plans for formal generalization training are often not included in social skills instruction (Mathur & Rutherford, 1996). Effective generalization training techniques include homework assignments (Goldstein, 1988; McGinnis & Goldstein, 1984), training sufficient exemplars (Stokes & Baer, 1977; Zirpoli & Melloy, 1997), teaching social tasks (Meadows, 1991), and understanding multiple effects of intervention (e.g., covariation, collateral effects; McMahon et al., 1994; Sasso et al., 1990). Sugai and Lewis (1996) suggest assigning homework which can provide opportunities for students to apply the social skill learned in one setting to another setting, thus increasing the probability of generalization.

Recently, *general-case programming* has been validated as an effective way to plan for generalization of skills. This requires the teacher and student(s) to practice during modeling and role-play many different scenarios involving use of the social skill in the same response class. General-case programming includes using relevant examples, involving a variety of persons who interact with the student(s), and training in a variety of natural environments in which the target social skill might be appropriate. The result is generalization of social behaviors to different settings and people. Ultimately, children and youth who generalize social skills demonstrate social competence.

## Pre-Social-Skills Instruction

Through identification, teachers and others may discover that students targeted for social skills intervention may lack *pre-social-skills*.

Pre-social-skills include basic classroom behaviors such as listening, sitting and working next to peers, or following simple directions. Deficits in these areas may need to be addressed before initiating instruction in higher level social skills (Johnson et al., 1996). Johnson and his colleagues have suggested that problem behaviors correlated with deficits in cooperation skills, participation skills, and group activity skills could result in problems working with others.

Although children and youth without disabilities seem to accept that they must coexist with both peers they like and the ones they dislike, students with EBD often find it difficult to be with others — especially with individuals they dislike. Instruction and activities that allow for practice in pre-social-skills can result in increased acceptable cooperative, participative, and group behavior. When these behaviors are supported with reinforcement, they become part of the students' behavioral repertoire. Then, generalization of the targeted skill can be achieved through general-case programming.

Activities designed to provide opportunities to teach and practice pre-social-skills are based on (a) *proximity and modeling*, (b) *parallel activity*, (c) *mutual activity*, (d) *group activity*, and (e) *cooperative activity*. These activities are presented in a hierarchical manner, with each level of lessons requiring performance of more social skills. When students achieve competence (e.g., able to sit next to someone without getting upset 85% of the time) in pre-social-skills during each phase of instruction, they are ready to take part in the next level of lessons.

Johnson, Agelson, Macierz, Minnick and Merrell (1995) suggest that initial activities for teaching and practicing pre-social-skills incorporate art or cooking. They caution, however, that some students may be concerned about not doing the activity "right" and to take this into consideration when planning activities. Instruction generally will be most effective if two or more adults are available to teach the lessons and to supply social and token reinforcement.

Lesson activities based on *proximity and modeling* require the teacher to create an antecedent for students (e.g., sitting in the same area of the classroom) and observe the modeling of the completion of a task.

Before the modeling portion of the activity, the teacher reviews with the students the rules for sitting next to each other (e.g., keeping hands and feet to self, listening while another speaks, waiting one's turn to speak, using appropriate language) and discusses the behaviors that demonstrate rule-following behavior. During modeling, the teacher can verbalize what he or she is doing while completing the task.

*Parallel activities* are designed to allow students to continue practicing the skill, in the example given here, working in proximity to peers, while demonstrating acceptable behavior. In parallel activities, students are given a set of materials with which to complete a task similar to or the same as the task modeled by the teacher.

*Mutual activities* are designed to assist students in becoming competent in sharing materials and to continue working in proximity to each other. The students are provided with a set of materials to share while they complete their own task. The task should be the same or similar to the task completed in the proximity and modeling and the parallel-activity lessons.

*Group activities* require the students to work together to create one product from a set of materials. The teacher gives directions for the group's work. The task chosen for the group activity can be similar to or different from the previous task.

The *cooperative activity* is designed to provide students an opportunity to practice all of the skills learned to this point. One product will be completed during the cooperative activity in which the students decide how to complete the project. Students are given a list of materials that may be needed to complete the project. As a group, they must come to consensus about which materials to use, shop for the materials, and work together to produce the product. Students who demonstrate cooperative social skills consistently will probably be ready to move from pre-social-skills instruction into basic, advanced, and complex social skills instruction. Table 1 provides an example of a sequence of activities that could be used in lessons for teaching pre-social-skills (personal communication from L. Agelson, October, 1995).

## Table 1
## Pre-Social-Skills Instruction Activities

| *Pre-Social-Skills Instruction Phase* | *Lesson Activity* | *Social Skills to Be Taught and Reinforced* |
|---|---|---|
| Proximity and Modeling | Teacher models making a sandwich; students sit at table or in desks and observe. | • Respecting body basics/space.<br>• Listening.<br>• Paying attention. |
| Parallel Activity | Students make a sandwich with their own set of ingredients while seated at the same table as peers. | • Respecting body basics/space.<br>• Following instructions. |
| Mutual Activity | Students share ingredients to make a sandwich while seated at the same table as peers. | • Respecting body basics/space.<br>• Following instructions.<br>• Cooperating with others. |
| Group Activity | Together, students make a pizza to share using a specified set of ingredients. | • Respecting body basics/space.<br>• Following instructions.<br>• Cooperating with others.<br>• Sharing.<br>• Asking for help. |
| Cooperative Activity | Together, students plan a class picnic, decide on the menu, shop for groceries, prepare the food. | • All skills from prior lessons.<br>• Completing tasks. |

## High Probability Requests

Best practice in the acquisition of any new skill has typically consisted of the education professional coordinating delivery of the consequences (e.g., reinforcing appropriate behavior, punishing inappropriate behavior) and the manipulation of antecedents. Much of the recent work, however, has been in the development of antecedent-based approaches. Antecedent strategies associated with the acquisition of skills include, among others, errorless learning through stimulus shaping and discrimination training. Over the past several years, a strategy known as *high-probability requests* (HPRs) has been shown to improve the social competence of children with challenging behavior in classroom settings.

Simply put, *an HPR intervention consists of a teacher presenting a set of easy, short requests* (e.g., pick up the pencil, touch the paper) *to which a student typically will respond, delivered immediately prior to a low-probability request (LPR; a request not typically responded to by the student).* Student performance of each HPR results in the delivery of some type of consequence, usually praise which may be paired with a small tangible reward. The literature is replete with evidence of the use of this intervention to increase instruction-following skills of students. Recently, Davis and her colleagues (Davis, Brady, Hamilton, McEvoy, & Williams, 1994; Davis & Reichle, 1996) used this intervention to increase the social initiations and interactions of students with EBD. In both studies, a set of HPRs were identified that were associated with typical classroom social routines. For example, three boys with autism were engaged in social play groups. Activities in these groups included building blocks, cars, Legos, and other play manipulatives. A pool of HPRs relevant to the activities were developed for each student (e.g., point to the square block, pick up the blue piece). LPRs were used to initiate social interactions (e.g., share the Play-Doh with [peer], hand [peer] the block). The teacher would approach the student and deliver three HPRs. After performance of each HPR by the target student, the teacher would deliver a praise statement, immediately followed by delivery of the LPR to initiate play with another peer. Increases in children's initiations to peers significantly increased following the implementation of the HPR.

The research on HPRs has identified several variables that may influence the effectiveness of the intervention. In an early study of the use of this strategy, Mace and his colleagues (1988) examined the temporal proximity of the delivery of the LPRs to the last HPR (within 5s vs. 20s). Results of this study indicated that the closer the delivery of LPRs to the HPR sequence, the more effective the results of the intervention. Another variable that appears to influence the effectiveness of HPRs is the variation with which the HPR sequence is delivered. Davis and Reichle (1996) found that students' improvement in competent behavior was maintained for longer periods of time when HPRs were delivered in a variant (i.e., a different order) rather than an invariant (i.e., same order) sequence.

It is not yet clear which theory provides the best explanation for the success of the HPR intervention. However, the issue of sequences has been identified as a potentially important variable in the occurrence (or lack thereof) of socially competent classroom behavior. Recently, descriptive studies focusing on student-adult and student-peer interactions have shown that most classroom interactions involving students with EBD consist mainly of requests by teachers and/or peers (Shores et al., 1993; Wehby et al., 1995). In addition, these requests typically come in long sequences which may be conceptualized as positive, negative, neutral, or mixed as well as consisting of requests that might be high or low probability. Thus, from an intervention perspective, the use of HPR sequences as a means for increasing socially competent behavior seems a viable and natural approach for students with EBD.

## Cognitive Restructuring and Emotional Intelligence

Walker and his colleagues (1995) note that children and youth with EBD express themselves in ways that do not elicit supportiveness from adults and peers. Their learned control over environments through aversive means (Patterson, Reid, & Dishion, 1992) is predictive of outcomes that are not reflective of social competence.

*Cognitive restructuring* involves teaching students cognitive strategies to recognize how they think and feel about their behavior, to change their dysfunctional thoughts concerning their behavior, to

understand how the ultimate consequences influence their behavior, and to develop ways to achieve the desired consequences. This theory of cognition suggests that students must attain insight into the nature of their problems in order to effect behavior change. For these students to solve their social problems, they must be taught strategies that provide them ways to generate, code, transform, and manipulate information within their present environment (Bandura, 1986; Mahoney, 1974; Meichenbaum, 1977, 1979, 1980; Morse, 1985).

In terms of brain systems and their connection to emotional intelligence, emotional triggers that evolve from memory bypass the neocortex for analysis of validity and then are directed to the amygdala which instinctively reacts. This malfunction often results in responses that do not fit the current situation. As the frequency of amygdala-based decisions increases, the individual begins to lose their voluntary control over thinking processes and becomes unable to use more appropriate schemata.

The effectiveness of eliminating these dysfunctional schemata is highly dependent upon the teacher's ability to recognize whether the students are exhibiting externalizing or internalizing behavior (Quay, 1986) and whether they have skill deficits or performance deficits as identified by Gresham (1986a). Students who exhibit these behaviors often lack the basic skills of negotiation and communication which appear to be a foundation of emotional intelligence.

Cowen (1997) defined intelligence as the ability to do the right thing, at the right time, to the right person. This definition can be applied to intelligence in the traditional sense, as well as intelligence regarding social competence. People's emotional intelligence is measured by how they generate information about their feelings and the feelings of individuals around them.

Gardner (1983), a contemporary researcher in the development of multiple intelligences, divided social intelligences into the categories of intrapersonal and interpersonal. Intrapersonal intelligence involves understanding the source of one's feelings as well as being able to emotionally adjust to varying situations, being sensitive to others, and being well informed and honest in one's intentions. In-

terpersonal intelligence requires that an individual understand what it takes to interact and get along with others. This implies that educators of children and youth with EBD must acknowledge that all emotions (including anger) are acceptable, while certain unacceptable behaviors must be replaced with acceptable behaviors. Not only must students acknowledge this ideal but also model it in daily social interactions with other students and adults.

Anger-management intervention provides an example of the integration of knowledge regarding best practice in teaching social competence and emerging information about emotional intelligence. In the paragraphs that follow a program demonstrating this integration is described.

For this program the structured-learning format established by McGinnis and Goldstein (1984) was adapted to include six components: (a) modeling of the desired skill, (b) role-play, (c) videotaped feedback, (d) self-reflection, (e) training of significant others, and (f) generalization practice. Three groups consisting of four to five male elementary students and two female teachers met for approximately 45 minutes once a week for instruction on social skills for anger management. Reinforcement for behavior steps learned was implemented throughout the week by one of the coteachers with each student as anger-provoking incidents occurred. Training focused on six specific behavior steps designed to enable each student to utilize anger-management social skills.

Each training session began with one of the steps being modeled by the teacher with another teacher, administrator, or a skilled student. Students who had already shown proficiency in a particular subskill were used as models for the other students. All six steps are shown in the first part of Figure 2, and sample canned stems are provided in the second part. Canned stems are sentence fragments supplied to the students to get them thinking about what they are feeling. The students used these stems until they began to feel proficient enough to use their own wording.

The next section contains a brief description of the steps and sample activities which can be used in anger-management instruction.

*Step 1.* Physiological signs occurring before or simultaneously with an angry episode are identified and discussed. Activities such as collecting pictures depicting expressions or body posturing showing signs of anger are used to promote students' ability to identify similar signs in themselves and others. Interactive games and role-playing hypothetical situations in which the student has expressed anger are interspersed with self-reflective conversations to enhance student understanding of Step 1.

In this step, the existence of *misleading beliefs* is addressed by using the physiological signs to discriminate feeling anger from any other emotion, thus concentrating on reacting to the current situation rather than reacting to memories associated with the feeling. As trust is established within the group, students begin to share their own experiences with anger. Because most students need to overcome the *comfort barrier,* Step 1 usually requires more time than any of the other steps.

*Step 2.* Initially, Step 2 involves the identification of the problem as perceived by the students; *external blaming* is generally prevalent. This step is composed of two components: identification of both (a) the outside problem (e.g., "Tony doesn't want to hang with me") and (b) the inside problem (e.g., "I am afraid that I am not likable"). The inside problem becomes the realization of fears that everyone shares concerning their social acceptance by peers and adults. Again, *misleading beliefs* are challenged during this step as students are required to focus on the facts of the current situation. Modeling is used repeatedly throughout Step 2 as well as the consistent use of self-reflection.

*Steps 3 and 4.* Identification by the students of what should happen and not happen as outcomes is critical. The barriers of "it ain't broken so don't fix it" and *external blame* are confronted during Steps 3 and 4 by validating the student-articulated needs and providing the tools for students to decide their course of action. Videotaping of Steps 1 through 4 are completed for all students individually to help them evaluate whether their identification of the problem matches their desired outcomes.

***Figure 2. Anger-Management Protocol.***

**Steps for Anger Management**

1. Identify your physical signals to getting angry.
2. Identify what is causing these physical signals to be happening.
3. Identify the desired outcome for this situation.
4. Identify the results you least want to take place because of this problem.
5. Identify a way of stopping these things from happening.
6. Identify another thing you can do in case your plan doesn't work.

**Canned Stems for Each Step**

1. I can tell I'm getting angry because ...
2. The problem is/was ...
3. What I want to happen is ...
4. What I don't want to happen is ...
5. My plan is to ...
6. My backup plan is to ...

*Steps 5 and 6.* For students to feel in control of their emotional and environmental situations, they must be able to devise a plan within realistic parameters to attain their desired outcome. They must also recognize and develop a backup plan in the event that the initial plan does not satisfactorily meet the criteria of Steps 3 and 4. Videotapes of students in Steps 1 through 6 help them evaluate whether the plan(s) they have developed matches the identified problem and desired outcomes. *Transference of control* and *external blame* are abolished by placing control and responsibility with the student.

At this point, students have identified their physiological signs associated with anger, the current problem, desirable and undesirable outcomes, and a plan and backup plan. Next, they decide future presentation of themselves while carrying out these plans. Decisions are based on reviews of videotaped role-play situations, written and verbal feedback from peers and school personnel, and memories of past reactions and behavioral change of individuals with whom they interacted. Finally, a generalization component is used throughout all steps by training significant others (e.g., family members, school personnel, friends, peers) in the activities.

### Social Skills Curricula

At present, there are a number of excellent social skills curricula available to assist teachers and others in designing and implementing social competence interventions. Generally, a curriculum should be chosen based on the following criteria:

1. Cost.
2. Grade and age level of students.
3. Level of professional development necessary to use the curriculum.
4. Evaluation system.
5. Specific social skills included in the curriculum.
6. Suggestions for instruction based on the structured-learning approach.

Although space does not allow for descriptions of curricula, interested readers are referred to curricular programs referenced in this monograph (Dowd & Tierney, 1992; Goldstein, 1988; Goldstein et al., 1980; McGinnis & Goldstein, 1984, 1990).

## Supporting Social Competence

### Social and Token Reinforcement

Once social skills have been taught, supporting social skill behavior will enhance the likelihood that skills will be demonstrated. Rein-

forcement of social behavior results in the increased likelihood that a student will engage in the behavior in the future. In contrast, punishment of the behavior will decrease the likelihood that the behavior will be demonstrated. Understanding reinforcement and punishment is helpful in developing intervention plans that support the use of acceptable social behavior. Current best practice calls for focusing on and recognizing desired behaviors. When behaviors increase or are maintained contingent on reinforcing consequences, incompatible behaviors concomitantly decrease. For example, a teacher might target "making new friends" for social skills instruction among a group of sixth graders who do not have friends. Using the previously discussed structured-learning approach, the teacher and students learn the social skills for making friends. Students who demonstrate these skills are reinforced when peers agree to do things with them, share conversation, and engage in other friendship behaviors. In most instances, target students will experience an increase in friends and a concomitant decrease in not having friends.

Social reinforcement in the form of attention, recognition, and praise are the most natural types of reinforcement. Token reinforcement, paired with social reinforcement, is also effective in increasing social skill behavior. Many students with EBD have benefited from social and token reinforcement interventions. The following steps can be used for establishing a social and token reinforcement intervention designed to support socially competent behavior.

1. Target social skills for instruction and reinforcement.
2. Complete reinforcement assessment. Select appropriate social and token reinforcers. Develop a menu of reinforcers. Determine schedule of reinforcement based on individual needs of students. Explain reinforcement intervention to students.
3. Instruct the students in targeted social skills. Post social skills steps and review frequently.
4. Implement reinforcement intervention.
5. Evaluate effectiveness of intervention and modify as needed. Adjust schedule of reinforcement as students progress toward social competence in targeted social skills. (Zirpoli & Melloy, 1997, p. 266)

## Effects of Intervention on Social Competence

The effects of social skills instruction on the social competence of children and youth with EBD have not been adequately researched (Mathur & Rutherford, 1996). Often, teachers and others entrusted with identifying social skills deficits will complete assessments using the techniques and strategies previously described. Unfortunately, ongoing evaluation of intervention effects is not routinely conducted to determine if the intervention is responsible for behavioral change in students who received social skills instruction. However, techniques and strategies used in the identification process can also be used in ongoing evaluation of social competence. For example, direct observation of social behavior can be conducted on a daily basis. Students with EBD are often served in classrooms where token economies are employed as part of a behavior management program to support use of social skills. Permanent product observation data can conveniently be collected from students' point sheets (Sasso et al., 1990). These data can be graphed and analyzed to help determine effects of social skills instruction and other behavior-management interventions on the social competence of target students. Single-subject designs are excellent for ongoing evaluation of behavior-change interventions based on observation data (see Alberto & Troutman, 1995).

# Conclusion 5

Social competence can be defined as demonstrating behaviors that are judged appropriate for the environment. Elements of social behavior include the functional relationship of behavior; antecedents and consequences for behavior; and the discrete, observable behaviors that comprise social skills. Social competence is developed based on modeled behavior that is reinforced.

Emotional intelligence also influences social behavior related to key ingredients of learning such as self-control, communication skills, cooperation, and confidence. In contrast with their peers, children and youth with EBD often demonstrate risk behaviors and experience cognitive distortions which can result in deficits in social competence.

Given their often significant deficits in social competence, it is crucial that children and youth with EBD learn the social skills necessary to acquire social competence. To date, the most effective means for their achieving this goal have been through identification of student strengths and needs and subsequent interventions which include teaching alternative social skills and supporting the resulting social behavior.

Identification is achieved through assessment strategies which include teacher rankings, sociometric techniques, ratings by others, self-ratings, behavioral interviews, direct observation, functional assessment, and multiple gating procedures. Improvements in social competence are achieved by those students who experience social skills instruction through interventions including the structured-

learning approach, pre-social-skills instruction, high probability request intervention, and cognitive restructuring.

The use of social and token reinforcement usually results in increased social competence and maintenance of prosocial behavior. Finally, as we have argued, ongoing evaluation of intervention effects will ensure appropriate instruction and support of social competence for students with EBD.

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